



Fall 2010 – Spring 2011 Registration Form

(Form for two children only. Copy form for more children.)

Eastlake Soccer Association

P.O. Box 7068. Eastlake. OH 44097-0068

PARENT Name _____

Email _____ Phone _____

Address _____ City & ZIP _____

Please check if any of the child(ren)'s parents are interested in: Sponsoring a team
Coaching Assisting Team Parent Working concession stand Referee
Helping with ESA function (Freedom Festival parade, Captains parking)

One-line ad in Opening Day Program at \$5 per line - please print below

1 _____

2 _____

For ID Purposes:

Mother's maiden name: _____ Mother's birthdate: _____ / _____

For Official Use ONLY! Witnessed by _____ Date _____

Form of payment: Amt. \$ _____ Cash _____ Check # _____ One Line Ad \$ _____

Current players may reregister by mail. Please send form & check or money order to P.O. Box. For new players: Registration form, birth certificate and fee must be brought to registration. Registration dates: Wed., May 19th & 26th, 6-8 P.M. & Sat., May 22nd & June 5th, 11 A.M. - 1 P.M. at Soccer Concession Stand at Woodland Park
If the player is registered after the June draft, (s)he will be placed on the waiting list.

Fees: On and before June 13, Little Paws - \$30, Other Divisions - \$55, Max per family - \$135
On and after June 14, Little Paws - \$40, Other Divisions - \$65, Max per family - \$160

Eastlake Soccer Association (ESA) is affiliated with Youth Division of US Soccer, an affiliate of the Federation Internationale de Football Association (FIFA). I, the parent/guardian of the registrant(s), minor(s), agree that the registrant(s) and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize. In addition, I hereby authorize ESA, and/or its Board of Directors to use photographs of my child(ren) in soccer related advertisements, included but not limited to, the publication of such photographs on the ESA website; Soccer advertisements; Soccer Flyers; Cable Television distribution, and any and all other such publications the ESA and/or its Board of Directors deems appropriate. IN CASE OF EMERGENCY, I give the coaches and/or supervision of ESA permission to take my child to the emergency room of a hospital for treatment in my absence. I have read the foregoing, understand it, and voluntarily affix my signature.

Parent/Guardian Signature X _____ Date _____

Child Name _____ Birth Date _____ Male Female Has your child played in another league? Yes No

Has your child played in Eastlake Soccer? Yes No Return to last year's team if possible? Yes No For girls 10 & older only – I want my daughter to play co-ed or girls only.

Uniforms: All players receive a full uniform. Remember clothing may be worn under uniform in cold weather.

Circle sizes: Shirt YS YM YL AS AM AL Shorts YS YM YL AS AM AL Is there a coach you don't want? Name _____

Doctor Name _____ Phone _____ Allergies? No, Yes (list) _____

Does your child have a heart condition? Yes No Does your child have any other medical, behavioral, or learning difficulty which the coach should be aware of to maximize your child's participation (e.g. ADD, LD, Asthma)? No, Yes (list) _____

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For Official Use ONLY!			
B / G	E / N	Yr.	Div.

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